

CITY OF SUMTER
OWNER-OCCUPIED EMERGENCY REHAB APPLICATION
FOR MOBILE HOMES AND HOUSES

APPLICANT INFORMATION:

TODAY'S DATE: _____

Name _____ Social Security Number _____

Address _____ Home Telephone _____

_____ How Long Have You Lived at this Address? _____

Date of Birth _____ Age _____ Marital Status _____

Number of Dependants _____ Name of Dependents _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

EMPLOYMENT INFORMATION

Name of Employer _____ How long have you worked here? _____

Address of Employer _____ Your Position at this Job _____

Telephone Number _____ Supervisor's Name _____

If you have worked this job less than two (2) years, give name and address of previous employer

Name of Employer _____ How long have you worked here? _____

Address of Employer _____ Your Position at this Job _____

Telephone Number _____ Supervisor's Name _____

CO-APPLICANT INFORMATION:

Name _____ Social Security Number _____

Address _____ Home Telephone _____

_____ How Long Have You Lived at this Address? _____

Date of Birth _____ Age _____ Marital Status _____

Number of Dependants _____ Name of Dependents _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

INFORMATION ON CO-APPLICANT continued):

EMPLOYMENT INFORMATION

Name of Employer _____ How long have you worked here? _____
Address of Employer _____ Your Position at this Job _____
Telephone Number _____ Supervisor's Name _____

If you have worked this job less than two (2) years, give name and address of previous employer

Name of Employer _____ How long have you worked here? _____
Address of Employer _____ Your Position at this Job _____
Telephone Number _____ Supervisor's Name _____

HOUSEHOLD INCOME

List **all** sources of income that apply to your household including employment, retirement, alimony, child support, AFDC, social security, food stamps or any other subsidy you may receive:

<u>Name of Family Member</u>	<u>How much You Receive Per Month</u>	<u>Source</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(Use additional sheet if necessary)

LIABILITIES AND HOUSING EXPENSES

LIABILITIES: List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, child support, alimony, child care, finance companies, real estate loans, and all other loans.

<u>Creditor's Name</u>	<u>Monthly Payment</u>	<u>Balance</u>	<u>Due Date</u>	<u>Loan Purpose</u>
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

UTILITIES:

Electric \$ _____ Water \$ _____ Gas \$ _____ Telephone \$ _____ Cable \$ _____

Monthly House Note \$ _____
Hazard & Flood Insurance \$ _____
Real Estate Taxes (Property) \$ _____
Other _____ \$ _____ (Explain)
Other _____ \$ _____ (Explain)
Other _____ \$ _____ (Explain)

1. Do you have any outstanding unpaid judgements? _____ Yes _____ No
2. In the last 7 years, have you declared bankrupt? _____ Yes _____ No
3. Are you a party in a lawsuit? _____ Yes _____ No

If you answered yes to any of the above questions, please explain on a separate sheet of paper.

HOUSEHOLD COMPOSITION: List the head of your household and all members who live in your home. Give all information needed for each person who lives in the house.

<u>Members</u>	<u>Full Name</u>	<u>Relation</u>	<u>Age</u>	<u>Social Security Number</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____

Does anyone live with you now who is not listed above? _____ Yes _____ No
Does anyone plan to live with you in the future who is not listed above? _____ Yes _____ No
Please explain if you answer "yes" to either question above. _____

Information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for the purpose of verification related to my/our application for financial assistance. I/We understand that any willful mis-statement of information will be grounds for disqualification.

Applicant's Signature

Date

Co-Applicant's Signature

Date

PERSONAL INFORMATION RELEASE AUTHORIZATION

To Whom it May Concern:

RE: _____ **(Name)**

_____ **(Address)**

I/We hereby authorize the release of any personal and financial information requested by the City of Sumter:

Retirement Income
Employment and Income Records
Checking & Savings Account
Deposit Records and Balances
Personal and Credit References
Credit Report(s)
Landlord Statements
Criminal Records
Social Services
Payment Verification

A photographic copy of this authorization form may be deemed to be equivalent of the original and may be used as a duplicate original.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Thank you for your interest and participation in our housing rehabilitation program. If information is to be mailed, please use the following mailing address:

City of Sumter
Office of Community Development
12 W. Liberty St.
Sumter, SC 29150
Clarence Gaines, Community Development/Housing Director
Carolet Thomas, Community Development/Housing Asst.
Phone: (803) 774-1649 or 774-1652
Fax: (803) 774-1685

CITY OF SUMTER
HOUSING APPLICATION DOCUMENTS NEEDED FOR
HOUSING REHAB THROUGH THE CITY OF SUMTER:

- **COPY OF PROOF OF INCOME FOR ALL PERSONS WHO WORK OR RECEIVES A CHECK**
- **TITLE FROM THE DEPARTMENT OF MOTOR VEHICLES.**
- **PROPERTY TAX BILL FROM THE MOST RECENT TAX YEAR WHICH SPECIFICALLY INCLUDES THE MOBILE HOME AND LAND.**
- **A MORTGAGE STATEMENT OR SALES CONTRACT FOR THE MOBILE HOME.**
- **COPY OF DEED TO THE HOUSE**
- **COMPLETED & SIGNED APPLICATION**